

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		2				
8		2				
9		2				
10	1					
11	1					
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		2				
19		1				
20		1				
21	1					
22	1					
23		1				
24	1					
25	1					
26	1					
27	1					
28		3				
29	1					
30	1					
31	1					
32		3				
33	1					
34						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.	26					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						